

Details of the Head of the Institute

S.No.	Name	Designation	Qualification	Experience
1				
2				
3				

Details of the Faculty Staff

S.No.	Name	Designation	Specialization	Qualification	Experience	Part Time/ Full Time
1						
2						
3						
4						
5						

Infrastructure Available

S.No.	Particulars	Size (Sq. Ft.)	Carpet Area (in Sq. Ft.)	Unit
1	Reception / Counseling Room			
2	Theory Class Room			
3	Computer Lab			
4	Library			
5	Visiting Area / Open Space			
Total Area in Sq. Ft.				

Details of the Furniture & Fixtures Available

S No.	Particulars	Quantity (Nos.)
1	Computer Tables	
2	Computer Chairs	
3	Class Room Chairs	
4	White Board / Black Board	
5	Projector	
6	Others (Specify)	

Books Available in Library

S.No.	Name of the Books	Author's Name	Syllabus Covered	Quantity
1				
2				
3				
4				
5				
6				
7				
8				
9				
10.				

Computer & Peripherals

S.No.	Computer Type	Configuration of System	Quantity
1			
2			
3			
4			
5			

Printer : Dor Matrix Inkjet Laser All in One

Internet Connectivity : Dor Matrix Cable Wi-Fi Other

Software Available

S.No.	Name of Software	Version
1		
2		
3		
4		
5		

PERSONAL FACT SHEET OF THE CENTER INCHARGE

1. Name : _____
2. Father's Name : _____
3. Date of Birth :
D D M M Y Y Y Y
4. Residential Address : _____
City : _____ Teh . _____
Distt : _____ State : _____
LandLine No (With STD Code) : _____ Mobile : _____
Email ID : _____
5. Permanent Address : _____
City : _____ Teh . _____
Distt : _____ State : _____ Country : _____
6. Nationality : _____ Marital Status : Married Unmarried
7. Academic Qualification :
- | S. No. | Standard | Stream | Board / University | Year of Passing | Percentage |
|--------|----------|--------|--------------------|-----------------|------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
8. Investment Capacity (in INR/ USD) : _____ Approx.

Photograph
of the
Incharge
of the
Institute

Documents Required

Kindly Attached the Following Documents along with the application form :

1. Copy of Address Proof (Telephone Bill/ Elec. Bill/ Licence of the Municipal Corporation) of the Institute.
2. Copy of Identity Proof (PAN Card/ Voter Card/ Driving Licence/ Passport/ Bank Pass Book/ Aadhaar Card).
3. Copy of Academic Qualifications.
4. One Passport Size Colored Photograph of Owner/ Proprietor/ Partners.
5. if Building on Rent/Lease then Latest Rent/Lease Agreement.
6. Clearly Shown Photographs of the Institute.

Franchise Fee shall be Paid Through Cash/Bank Transfer/ DD in favour of "Gramin Shiksha Pvt. Ltd." payable at Fatehabad, Haryana, India

INSTITUTE SNAPS

1. Paste Photograph of the Building (Front View) in below mention box.

Affix 4x6 Photo Here

2. Paste Photograph of the Reception/ Counselor's Room
in below mention box.

Affix 4x6 Photo Here

INSTITUTE SNAPS

3. Paste Photograph of Theory Class Room in below mention box.

Affix 4x6 Photo Here

4. Paste Photograph of the Computer Lab in below mention box.

Affix 4x6 Photo Here

INSTITUTE SNAPS

5. Paste Photograph of Library Photo in below mention box.

Affix 4x6 Photo Here

6. Paste Photograph of Center Head Cabin in below mention box.

Affix 4x6 Photo Here



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गाँव शिक्षित—भारत शिक्षित

CR- Regd. MHRD, Higher Education, Govt. of INDIA



UNDERTAKING

1. _____
(Name & Designation)

Partner / Proprietor / Owner of _____

(Name & Address of the Institute)

Understood the RULES & REGULATIONS as of now & amended in future applicable to the Institute conducting GRAMIN SHIKSHA &/ or its Collaborative Partners Courses explained in the Franchise Proposal for Affiliation and agreed to abide by the same.
2. I certify that I am the competent authority by virtue of the administrative and financial powers vested in me of the above mentioned Institute / Organization to furnish the above informations and to undertake the above stated commitment on behalf of my / our Institution.
3. I am aware that in case my information given by me is false or misleading, GRAMIN SHIKSHA may in its sole discretion take whatever actions or measures it deems necessary and appropriate and the Institute would be debarred from the Affiliation.
4. I agree to abide by the rules & regulations and the decisions taken by the management of GRAMIN SHIKSHA from time to time.
5. I further understand that, I have to register each and every Trainees/ Students studying at my/our Center at GRAMIN SHIKSHA Head Office by paying the prescribed fee, failing which GRAMIN SHIKSHA will have all the rights to take action.
6. In case of any dispute arising between GRAMIN SHIKSHA & its Franchisee the Jurisdiction for all Legal purpose will be Fatehabad, Haryana, India Only.

Send Above Documents at

Gramin Shiksha
SCF 9-10 (Basement), Model Town,
Behind Bus Stand, Fatehabad- 125 050
Haryana - India
99968-11114, 99962-11114

www.graminshiksha.com